## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO./ 10/553/72 FILING DATE

APPLICANT(S)

## CLAIMS

	AS F	ILED	AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT		CLAIMS		AS FILED		AFTER 14 AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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2		1						52						
3		/						53						
4		7				<u></u>		54						
5	<del>,</del>			├ <b>८</b> ┤				55 56						
7	<del>  ^</del> _	7		<u> </u>	$\stackrel{\checkmark}{>}$			57						<b>-</b>
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9		7				1		59						
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11 12	<del>                                     </del>		-	<b></b>		/		61 62		-				
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TOTAL DEP.	16	<b>+</b>	11,	<b>+</b>	12	<b>+</b>	тот	AL DEP.		+		<b>+</b>		•
TOTAL CLAIMS	19		14		15			OTAL AIMS						
PTO - 136	0 (REV. 04/2	007)	1,500								TMENT of Co			